

CHILD AND YOUTH SERVICES (CYS) PROGRAM REGISTRATION WORKSHEET

For use of this form, see AR 608-10; the proponent agency is ODCSPER



DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: Title 10, United States Code, section 3012.
Principal Purpose (s): To Provide child and family program eligibility and background information; sponsor consent for access to emergency medical care; data required by USDA food program.
Routine uses: Information is provided to the attending physician when it is necessary for a child to be taken to medical facility by someone other than the parent. Information on immunizations and medical problems will be used for program-admission-screening-procedures. Family income data will be use to determine USDA food program qualification and rate structures.
Disclosure: Disclosure of requested information is voluntary. However, if information is not provided, individuals may not be allowed to participate in Child and Youth Services (CYS) programs.

Initial: ☐ **Renewal:** ☐ **Program Start Date:** _____

SPONSOR INFORMATION

SPONSOR NAME (Last, First, MI):	SSN:	RANK / GRADE: BRANCH OF SERVICE:	DUTY / WORK STATUS:
HOME ADDRESS (Street, City, State, Zip Code):	HOME PHONE NUMBER:		ACTIVE <input type="checkbox"/>
On Post / Off Post (Check One): <input type="checkbox"/> <input type="checkbox"/> E-MAIL ADDRESS:			ACTIVE RESERVE <input type="checkbox"/>
DUTY / WORK ADDRESS (Street, City, State, Zip Code):	WORK PHONE NUMBER:		DOD CIVILIAN <input type="checkbox"/>
			RETIRED <input type="checkbox"/>
			FEDERAL <input type="checkbox"/>
			OTHER <input type="checkbox"/>

SPOUSE INFORMATION

SPOUSE NAME (Last, First, MI): _____ **SSN:** _____

DUTY / WORK ADDRESS (Street, City, State, Zip Code): _____ **WORK PHONE NUMBER:** _____ **CEL. PHONE NUMBER:** _____

DUTY / WORK STATUS: (Check one): **ACTIVE** ☐ **ACTIVE RESERVE** ☐ **DOD CIVILIAN** ☐ **UNEMPLOYED** ☐
GOVERNMENT ☐ **RETIRED** ☐ **STUDENT FULL-TIME, PART TIME** ☐ **PRIVATE INDUSTRY** ☐ **OTHER** ☐

CHILD INFORMATION

CHILD NAME	DOB	SSN	GENDER	SCHOOL	GRADE

AUTHORIZED EMERGENCY CONTACT AND RELEASE DESIGNEES:

NAME (Last, First, MI)	HOME PHONE	CEL. PHONE	WORK PHONE

Declaration of Nondiscrimination

Services will be made available to all children in attendance, without regard to race, color, religion, national origin, ancestry, gender, or disability within the limits of AR 215-1 and AR 608-10.

Program Services

Services will not be available: **FEDERAL HOLIDAYS / DESIGNATED BY THE COMMANDER.** I will be notified in advance, whenever possible, of additional periods of non-service as determined by CYS personnel.

Prior notice Requirement: TO CANCEL ENROLLMENT OF YOUR CHILD(REN) FROM ANY CYS PROGRAM, YOU ARE REQUIRED TO GIVE 2 WEEKS WRITTEN NOTICE TO AVOID THE MONTHLY CHARGES.

An Overtime / Late pickup fee of \$1.00 PER MINUTE (Maximum of \$15.00) will be charged starting at 1801 hours.

Fees will be paid in the following manner:

First half of the month payment is due between the 1st and the 5th of the month.

Second half of the month payment is due between the 15th and the 19th of the month.

A \$5.00 late fee per child will be charged whether or not payment fee falls on a weekend or a holiday.

Use of photograph for release to media.

☐ **YES**

☐ **NO**

Signature of Parent/Guardian: _____

DATE: _____

Signature of CYS Representative: _____

DATE: _____